No. 2
1-10-39
17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

21288
State File No.

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 694

1. PLACE OF DEATH:

(a) County Buchanan 2

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1807 Edmond
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or Institution (Specify whether
In this community 16 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: D

(a) State Mo. (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 1807 Edmond
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mrs. Dora Allison 125

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife W.H.Allison

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. (Month) 1st. (Day) 1863 (Year)

8. AGE: Years	Months	Days	If less than one day
77	4	26	hr. min.

9. Birthplace Belmont (City, town, or county) Iowa (State or foreign country) 1

10. Usual occupation housework 1

11. Industry or business home 1

FATHER
12. Name B.W. Culver 1
13. Birthplace N.Y.City (City, town, or county) N.Y. (State or foreign country)

MOTHER
14. Maiden name Harriet E.Dolph
15. Birthplace N.Y. City (City, town, or county) N.Y. (State or foreign country)

16. (a) Informant W.H.Allison
(b) Address 1807 Edmond St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June (Month) 29, (Day) 40 (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director FLEEMAN & SON INC.

(b) Address St. Joseph Mo.

19. (a) 6/29/40 (Date received local registrar) (b) A.J. Mattenbuch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27th.
year 1940 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from 10/11/39, 19 to 6/24, 1940;
that I last saw her alive on 6/24, 1940;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of uterus Cervix-(Primary)	10/11/39
Due to 53	
Due to	
Other conditions Anemia Second- (Include pregnancy within 3 months of death)	4/40

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
85
While at work? (Specify type of place) (e) Means of injury

23. Signature Frank L. Vandegan (M. D. or other) 1
Address Independence Blvd Date signed 6/29/40

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed C. L. Swan

Licensed Embalmer No. 4082

P. O. Address St Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.